

THE UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

**REVOCATION AND POWER OF ATTORNEY WITH
NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS**

I hereby revoke all previous powers of attorney given in the applications identified below. Furthermore, I hereby appoint the practitioners at Customer Number **70243**.

Please change the correspondence address for the following applications to the address associated with Customer Number **70243**.

| Attorney Docket No. | Application No. (Patent No.) | Filing Date (or Issue Date) |
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I am the Assignee of record of the entire interest. See 37 C.F.R. § 3.71. A Statement Under 37 C.F.R. § 3.73(b) is enclosed.

Signature of Assignee of Record:

Signature: Michael J. Blankstein

Name: Michael J. Blankstein

Date: 7/30/08

Telephone: 773-961-1480

*Total of 1 form is submitted.